

Photoselective Vaporization of the Prostate: An Effective Procedure for the Treatment of Benign Prostatic Hyperplasia

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The diagnostic and therapeutic algorithms for benign prostatic hyperplasia (BPH) have undergone and continue to undergo change. Guided by new research, the approval of novel pharmaceutical and minimally invasive therapies, and the economics of health care financing, physicians have altered their approach to patient care in distinct ways. This evolution in thinking continues today. An example is the application of laser therapies for BPH. For decades, the gold standard for treatment of BPH was electrocautery-based transurethral resection of the prostate (TURP). However, because of perceived morbidity associated with the procedure, there has been a concerted quest to develop safer and more effective treatment alternatives. The attraction to laser therapy is that in theory it promises several advantages over standard TURP, including technical simplicity and the absence or minimization of complications, such as intraoperative fluid absorption, bleeding, retrograde ejaculation, impotence, and incontinence. From an economic perspective, laser therapy is associated with a shorter hospital stay and faster recovery. A further advantage of laser therapy

is its minimal bleeding and irrigant absorption. This allows laser prostatectomy on larger glands with less physiologic stress and suggests a role for laser therapy in patients with a high burden of coexisting disease. Recent estimates suggest that an increasing number of practicing urologists are in fact already performing laser prostatectomies on patients with symptomatic BPH, and this number is certain to keep increasing.

Given these compelling concepts, as well as the growing popularity of laser therapies in BPH, this supplement on photoselective vaporization of the prostate (PVP) using the potassium-titanyl-phosphate (KTP) laser will be helpful to the practicing urologist and to patients. The articles in this supplement have been written by an internationally recognized group of physicians with expertise in the management of BPH and with a

particular interest in optimizing surgical alternatives.

An exciting aspect of the KTP laser is its versatility in treating patients with larger prostates and those receiving anticoagulation therapy. I provide a review of different indications and different settings (eg, the office) for the application of KTP laser therapy.

A major area of concern for urologists is reimbursement and how newer technologies fit into the urologic armamentarium. One of the thought leaders in the area of economic aspects of disease impact is John T. Wei, MD, of the Department of Urology at the Michigan Urology Center of the University of Michigan in Ann Arbor. Dr. Wei and his colleague, John M. Hollingsworth, MD, provide a compelling review of the economic impact of surgical interventions for BPH.

What is the safety and efficacy of PVP? Claus G. Roehrborn, MD, Chairman of the Department of Urology at the University of Texas Southwestern Medical Center in Dallas, provides an extensive, scholarly review of the current data on the KTP laser for BPH.

A pioneer in the use of the KTP laser in BPH, Alexis E. Te, MD, of the Brady Prostate Center at Weill Medical College of Cornell University in New York, discusses the next generation of laser treatments for BPH and the role of the GreenLight high-power laser system (American Medical Systems, Minnetonka, MN). Clearly, this is a technology that continues to evolve.

I am confident that this supplement will be beneficial to urologists, providing the scientific rationale, current data, and a preview of the future for the KTP laser in the management of men with BPH.